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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

NONE TH

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE TH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|   |                     |         |        |             |
|---|---------------------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR            | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | COUNTRY             | DRAWING | CLAIMS | CLAIMS      |
| Verified and<br>Acknowledged  | MA                  | 7       | 29     | 2           |
| Examiner's Signature: <i>Allowance</i>  | Initials: <i>TH</i> |         |        |             |

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## TITLE

Coherent beam combination

|                                   |  |  |
|-----------------------------------|--|--|
| FILING FEE<br><br>RECEIVED<br>912 | FEES: Authority has been given in Paper,<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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